


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |  |
|---|---|---|---|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>505493</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/31/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>PARK SHORE</b>   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1630 43RD AVENUE EAST<br/>SEATTLE, WA 98112</b> |   |  |
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| K 000   | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Park Shore, Seattle, Washington, on October 31, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 28 bed facility with a census of 21, consisted of a Type I-443, 15 story structure, skilled nursing facility is located on Floor 2 of the building, built in 1963 and has a basement. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p><br/>Deputy State Fire Marshal</p> | K 000   |   |  |
| K 012<br>SS=D                                       | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This Standard is not met as evidenced by:<br/>Based upon observations and staff interviews on October 31, 2013 between 8:45 AM and 12:00</p>  | K 012   | <p>Compliance with this regulation and NFPA 101 has been immediately achieved by the replacement of all broken ceiling tiles and sealing any existing penetrations with fire caulk. Continued compliance will be accomplished by observation by maintenance staff and management of damaged ceiling tiles and ceiling</p> |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Ronald C. M. Bergstrom*

TITLE

*Administrator*

(X6) DATE

*11-11-2013*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 012   | Continued From page 1<br>PM has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.<br>The findings include, but are not limited to:<br>1. 2nd floor Rubbish Room - damaged ceiling tiles around conduit and sprinkler head<br>2. 2nd floor Bladder Scan Room - penetration around sprinkler head<br>The above was discussed and acknowledged by facility maintenance staff.  | K 012   | penetrations as part of any ceiling work done and in the course of their daily duties. Any broken tiles or ceiling penetrations will be put into the work order system and a task involving repair of such conditions, and who will receive an automatically generated inspection work order from a preventive maintenance server based work order system (PMWorx) will accomplish the required work.   |  |
| K 046<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.<br><br>This Standard is not met as evidenced by:<br>Based upon observations and staff interviews on October 31, 2013 at 10:30 AM the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries to residents, staff and/or visitors.<br>The findings include, but are not limited to:<br>1. Facility has no documentation for monthly 30 second check of emergency lighting unit in generator area<br>2. Facility has no documentation for annual 90 minute test of emergency lighting unit in generator area.<br>The above was discussed and acknowledged by | K 046   | Compliance with this regulation and NFPA 101 will be accomplished by utilizing an preventive maintenance work order system (PMWorxs). This server based program will automatically generated a task involving a request for a system test on generator room battery power back up light. The test parameters are; Battery lights are tested monthly for 30 seconds and annually for 90 minutes. A log for these tests has been created and attached to the wall in the generator room for use by technicians in accomplishing the requirement for them to sign, date and log the results of the test. |  |

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| K 046   | Continued From page 2<br>facility maintenance staff.   | K 046   |  |  |
| K 050<br>SS=D                                       | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by:<br/>Based on record review, the facility failed to assure that the LTC staff was adequately trained to respond to fires. This potentially exposed residents to smoke and fire in the facility.<br/>Findings include:</p> <p>An examination of the facility's fire drill records on October 31, 2013 at 10:30 AM revealed that the fire drill records were missing for:</p> <ol style="list-style-type: none"> <li>1. Missing drills for 1st qtr 2012 for 1st, 2nd and 3rd shifts (oct/nov/dec)</li> <li>2. Missing drills for 3rd qtr 2013 for 1st, 2nd, and 3rd shifts (apr/may/jun)</li> <li>3. Missing drills for 4th qtr 2013 for 2nd shift (jul/aug/sep)</li> </ol> <p>Facility's quarters begin with their fiscal year which is October.</p> <p>These findings were acknowledged by the Maintenance Director.</p> | K 050   | <p>To ensure that going forward compliance is achieved with NFPA 101 19.7.1.2 our current Fire Drill Policy reviewed with staff, and a re-occurring dated driven task was created utilizing a server base preventive maintenance program (PMWorxs). The Quarterly Fire Drill request will be generated quarterly by that system, which will result in an scheduled assignment of staff resources and tracking through requiring that the work ordered be closed out.</p> |  |
| K 062   | NFPA 101 LIFE SAFETY CODE STANDARD   | K 062   |  |  |

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| K 062<br>SS=D   | <p>Continued From page 3</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by:<br/>Based on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents to a fire or smoke environment. The findings are as follows:</p> <p>On October 31, 2013 at 10:30 AM while checking sprinkler documentation, it was observed that the facility has no documentation for conducting quarterly sprinkler inspections for calendar year 2013.</p> <p>These findings were acknowledged by the Maintenance Director.</p> | K 062   | <p>A proposal, dated 11-11-13 has been obtained and accepted from Siemens Industry Inc. for their accomplishment of the required quarterly sprinkler inspections and achievement of compliance with NFPA 13 and 25.</p>  |  |
| K 144<br>SS=D   | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by:</p>  | K 144   | <p>To ensure compliance with NFPA99 3.4.4.1, re-occurring dated driven tasks were created utilizing our server-based preventive maintenance program (PMWorxs). This program will automatically generate a weekly inspection request, and a monthly generator load test for the generator. The form we are utilizing, both as a guide line and written record for the</p> |  |

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| K 144   | Continued From page 4<br>Based on record review and staff interview, the facility failed to assure that emergency power was available during primary power outage in accordance with NFPA 99, 3-4.4.2 requiring documentation of testing, maintenance and repairs of the generator. This potentially affected all residents to loss of illumination of exit egress, fire and smoke alarms during a power outage. Findings include:<br><br>During a record review of the generator maintenance log on October 31, 2013 a 10:30 AM, the facility failed to maintain a proper log showing that the generator had been inspected weekly for the past 12 months.<br><br>This was acknowledged by a member of the maintenance staff.  | K 144   | monthly load test is the, WSP "Monthly Generator Test Log" form # 3000-420-154. This log is attached to the generator room wall for use by staff in recording their actions.  |  |
| K 147<br>SS=D                                       | NFPA 101 LIFE SAFETY CODE STANDARD<br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This Standard is not met as evidenced by:<br>Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows:<br><br>During the facility tour on October 31, 2013 from 8:45 AM to 12:00 PM the following deficiencies were found:<br><br>1. 2nd floor Medical Records Office - non approved extension cord powering a fan<br>2. 2nd floor Medical Records Office - extension cord plugged into multi plug adapter | K 147   | Compliance with this regulation and NFPA 70 is being accomplished by:<br>1 <sup>st</sup> , Live Wire Electrical Co. LLC installing additional power outlets directly behind employee desks in the medial records office, residences' assessments office and the Physical therapy room.<br>2 <sup>nd</sup> , removal of all un-approved extension cords and power strips, and installing of an approved General Electric (6) outlet re-settable power tap.<br>3 <sup>rd</sup> , removal of combustible materials stored in the electrical and installing signage emphasizing that the electrical room is a non-storage area. |  |

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| K 147   | Continued From page 5<br>3. 2nd floor Physical Therapy - extension cord<br>powering exercise machine<br>4. 2nd floor Rubbish Room - electrical panel<br>obstructed from closing due to wiring<br>5. 2nd floor Electrical Room - combustible<br>material being stored<br><br>These findings were acknowledged by the<br>Maintenance Director | K 147   | 4 <sup>th</sup> re-routing all Class 2 wiring from the<br>exterior of the panel and passing it<br>through an approved opening allowing<br>the enclosure to be closed. |  |